WILDLIFE REHABILITATION REPORT FORM*	PERMITTEE NAME:	 PERMIT #:	YEAR:

Species	Date Received	County of Origin	Received From: (Name & Address)	Adult or Juvenile ¹	Disposition / Date ²	If released, list exact release site (county, Department Area, landowner's name, etc.)

- 1. A or J
- 2. Disposition
 - D. Died
 - E. Euthanized
 - R. Released
 - C. Still in Captivity

*Required by Rule 3CSR 10-9.415 of the Wildlife Code of Missouri; subject to inspection by an authorized agent of the Commission at any reasonable time.

